

1763

MARGIN RESERVED FOR BINDING

9-200 d
V. S. No. 98

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH County <u>Cochise</u> State <u>Arizona</u> Registered No. _____ Township <u>185. R. 21 E. S. 1 N.</u> or Village <u>St. David</u> or _____ City <u>St. David</u> No. _____ St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>Dudley J. Merrill</u> (a) Residence. No. _____ St. _____ Ward _____ (Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of <u>Ellen Merrill</u> (or) WIFE of	
6 DATE OF BIRTH (month, day, and year) <u>April 5, 1833</u>	
7 AGE Years <u>51</u>	Months <u>9</u> Days <u>5</u> If LESS than 1 day, --- hrs. or --- min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	
9 BIRTHPLACE (city or town) <u>Elby, Genall Co. New York</u> (State or country)	
10 NAME OF FATHER <u>Justin Merrill</u>	
11 BIRTHPLACE OF FATHER (city or town) <u>Utah</u> (State or country)	
12 MAIDEN NAME OF MOTHER <u>Emily Merrill</u>	
13 BIRTHPLACE OF MOTHER (city or town) <u>Mo.</u> (State or country)	
14 Informant <u>J. N. Christensen</u> (Address) <u>St. David, Arizona</u>	
15 Filed <u>Jan 11 1885</u> 11-3111 GOVERNMENT PRINTING OFFICE REGISTRAR <u>St. David</u>	
MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day, and year) <u>Jan. 10 1885</u>	
17 I HEREBY CERTIFY That I attended deceased from <u>Jan 3 1885</u> to <u>Jan 10 1885</u> that I last saw him alive on <u>Jan. 10 1885</u> and that death occurred, on the date stated above, at <u>6:15 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> (duration) --- yrs. --- mos. <u>7</u> ds. CONTRIBUTORY (SECONDARY) (duration) --- yrs. --- mos. --- ds. 18 Where was disease contracted If not at place of death? Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? (Signed) <u>Dr. Grosbeck</u> , M. D. , 19 (Address) <u>St. David, Arizona</u> * State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. David</u> DATE OF BURIAL <u>Jan. 12 1885</u>	
20 UNDERTAKER <u>St. David</u> ADDRESS _____	